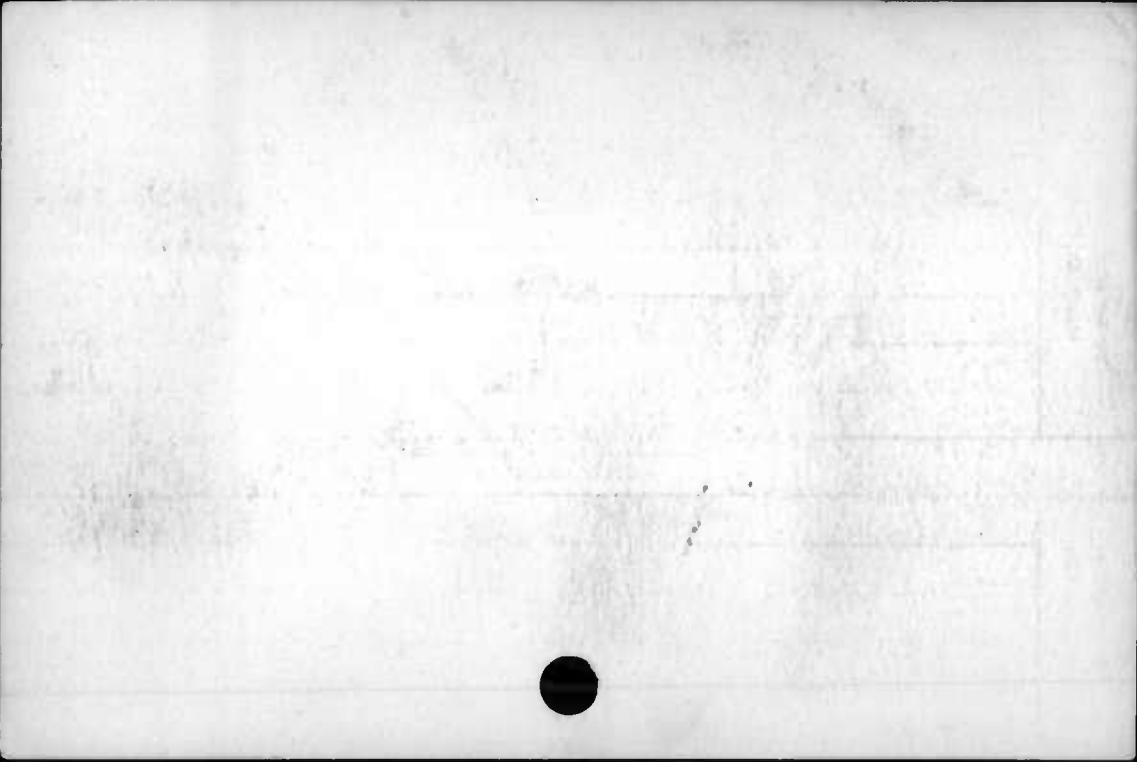


Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		1907		Age		Months		Days	
		Date of death		Nov		68		5		15	
		Sex		Male		Color or Race		White		Birth-place	
		Occupation		Former		Where Residing if not at place of death		Blount Co., Tenn.			
		Married, Single or Widowed		Married		Name of Wife or Husband		Natchez Jane Bartlett			
		Father's Name		James Bartlett		Father's Birthplace		Tulsa Co., Ind.			
PHYSICIAN OR CORONER		Mother's Maiden Name		Elizabeth Anne Cheezum		Mother's Birthplace		Tulsa Co., Ind.			
		Name of person giving information		T. H. Bartlett		How related to deceased		Son			
		CAUSES OF DEATH						120			
		Primary		Enlargement of Heart		How long		6 months			
Immediate		Thermic Coma		How long		2 weeks					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. B. Smith		Address		Easley			
Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John F. Baxter</i>		Town <i>Easton</i>		County <i>Talbot</i>	
Died at <i>Emergency Hospital</i>					
Date of death	1907	Month	<i>Nov.</i>	Day	<i>8</i>
Age	<i>31</i>	Years		Months	<i>0</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Virginia</i>
Occupation	<i>Shoe Clerk</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Ivy Baxter</i>		
Father's Name	<i>Wm. H. Baxter</i>		Father's Birthplace	<i>Virginia</i>	
Mother's Maiden Name	<i>Martha Jane Rosen</i>		Mother's Birthplace	<i>Virginia</i>	
Name of person giving information	<i>Wm. F. Green</i>		How related to deceased	<i>Wife's Cousin</i>	

CAUSES OF DEATH

Primary	<i>Typhoid</i>	How long	<i>25 days</i>
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Immediate	<i>Hemorrhage - Exhaustion</i>	How long	<i>3 days</i>
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Are the name, age, sex, color, date and place correctly given above?

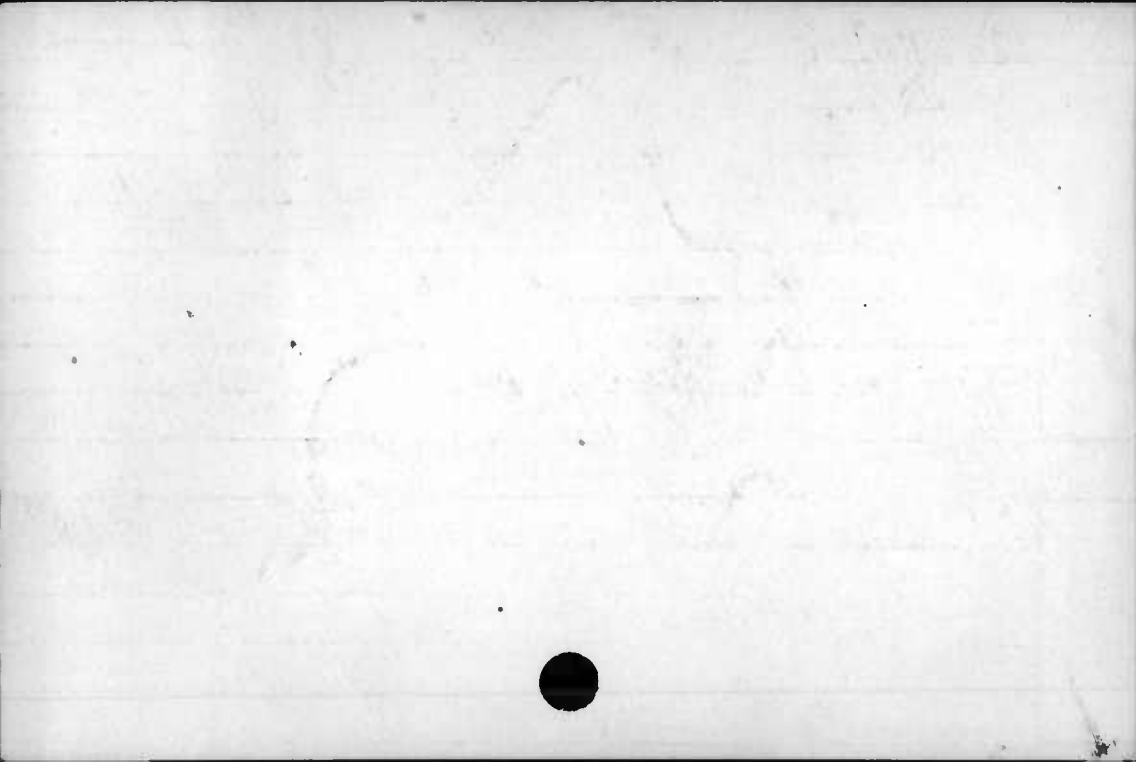
yes

Signature of Physician

Address

Chas. F. Dandow,
Easton, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

William Henry Bradbury

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Matthiros</u> ^{Town}		<u>Salbot</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Nov.</u>	Day <u>23rd</u>	Age <u>62</u> Years	Months <u>Dec</u> Days <u>9</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Springfield</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Matthiros</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Minnie M. Bradbury</u>				
Father's Name <u>W^m Bradbury</u>	Father's Birthplace <u>England</u>				
Mother's Maiden Name <u>Mary Moulton</u>	Mother's Birthplace <u>Mass.</u>				
Name of person giving information <u>Mrs Minnie Bradbury</u>	How related to deceased <u>Wife</u>				

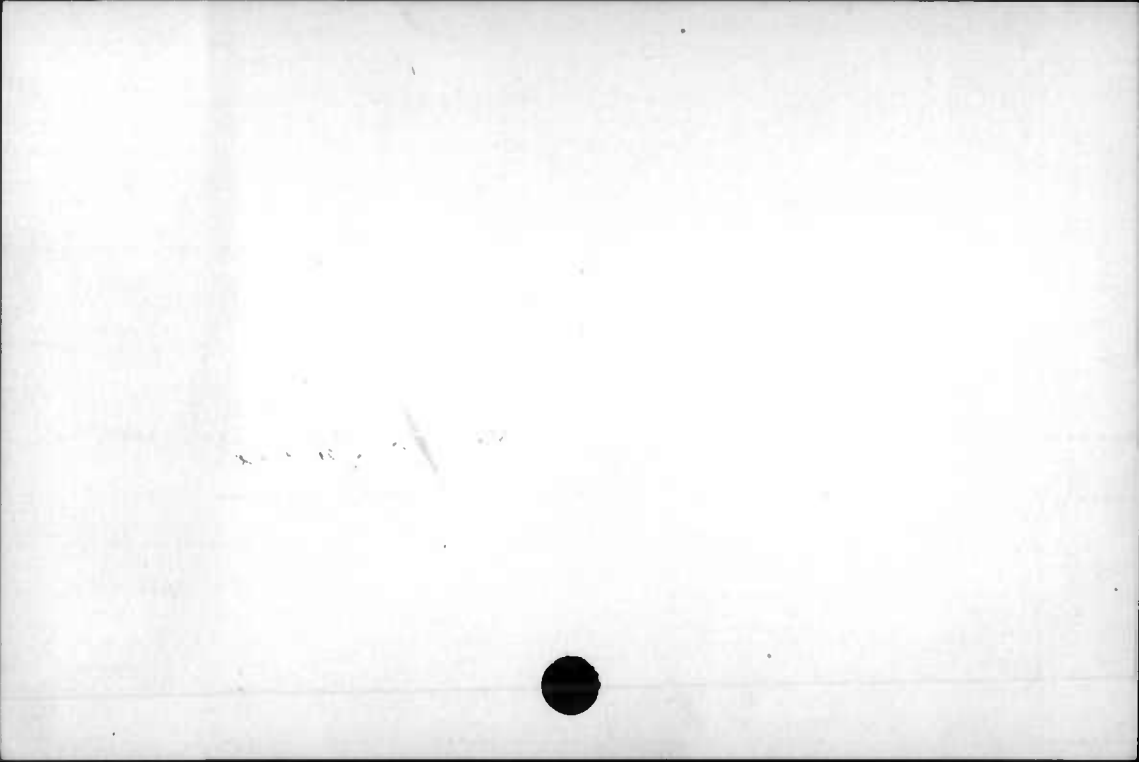
Paralyses

CAUSES OF DEATH

Apoplexy
24 hrs.
24 hours

PHYSICIAN
OR CORONER

Primary <u>Cerebral Apoplexy</u> <u>(64)</u>	How long <u>24 hrs.</u>
Immediate <u>"</u>	How long <u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Stevens</u>
	Address <u>Easton</u>
Accident or Suicide? <u>no</u>	<u>Mel</u>



Name
in
Full

Lettie Butler

CERTIFICATE OF DEATH

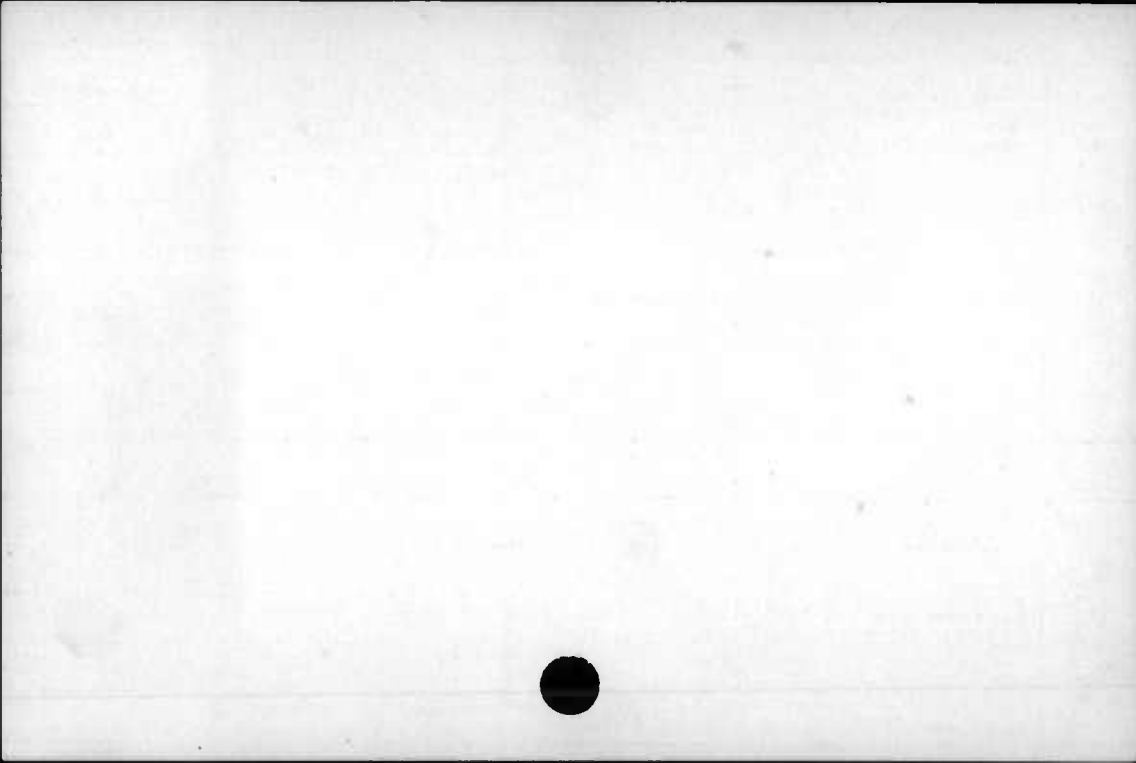
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Longwood</u> Town		<u>Talbot Co.</u> County		MARYLAND	
Date of death	1907	Month	Nov. 9	Day	Friday
Age	16	Years		Months	4
Sex	female	Color or Race	Black	Birth-place	Forest Landing
Occupation	helped mother		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Wm. H. Butler			Father's Birthplace	Caroline Co.
Mother's Maiden Name	Fannie G. Butler			Mother's Birthplace	Talbot "
Name of person giving information	Wm. H. Butler			How related to deceased	brother father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>2 weeks</u>
Immediate	<u>General Aesthenia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>P. L. Brown</u>	
		Address	
		<u>Easton, Md.</u>	
Accident or Suicide?			



Name
in
Full

Addison Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Bozman</u> Town <u>Talbot</u> County													
Date of death	1907	Month	Nov.	Day	14	Age	21	Years		Months		Days	
Sex	Male		Color or Race	White		Birth-place	Talbot Co						
Occupation	Cysterman		Where Residing if not at place of death										
Married, Single or Widowed	Married		Name of Wife or Husband	Nannie B. Camper									
Father's Name	Adam Camper					Father's Birthplace	Talbot Co.						
Mother's Maiden Name	Mary H. Heath					Mother's Birthplace	Talbot Co.						
Name of person giving information	Nannie B. Camper					How related to deceased	Wife						

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	1 wk.
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
Signature of Physician	Dr. J. B. Selb.		
Address	St. Michael		
Accident or Suicide?			



Name

in
Full

Daise C Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Easton

County

Talbot

MARYLAND

Date

of death 1907 Nov

Month

Day

3

Age

Years

10

Months

Days

Sex

female

Color or
Race

Black

Birth-
place

Talbot Co

Occupation

none

Where Residing if not
at place of death

near Easton

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Robert F Camper

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Fannie Gibson

Mother's
Birthplace

Talbot Co

Name of person giving
in formation

Robert F Gibson

How related
to deceased

Father

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

2 weeks

Immediate

Coronary Atherosclerosis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

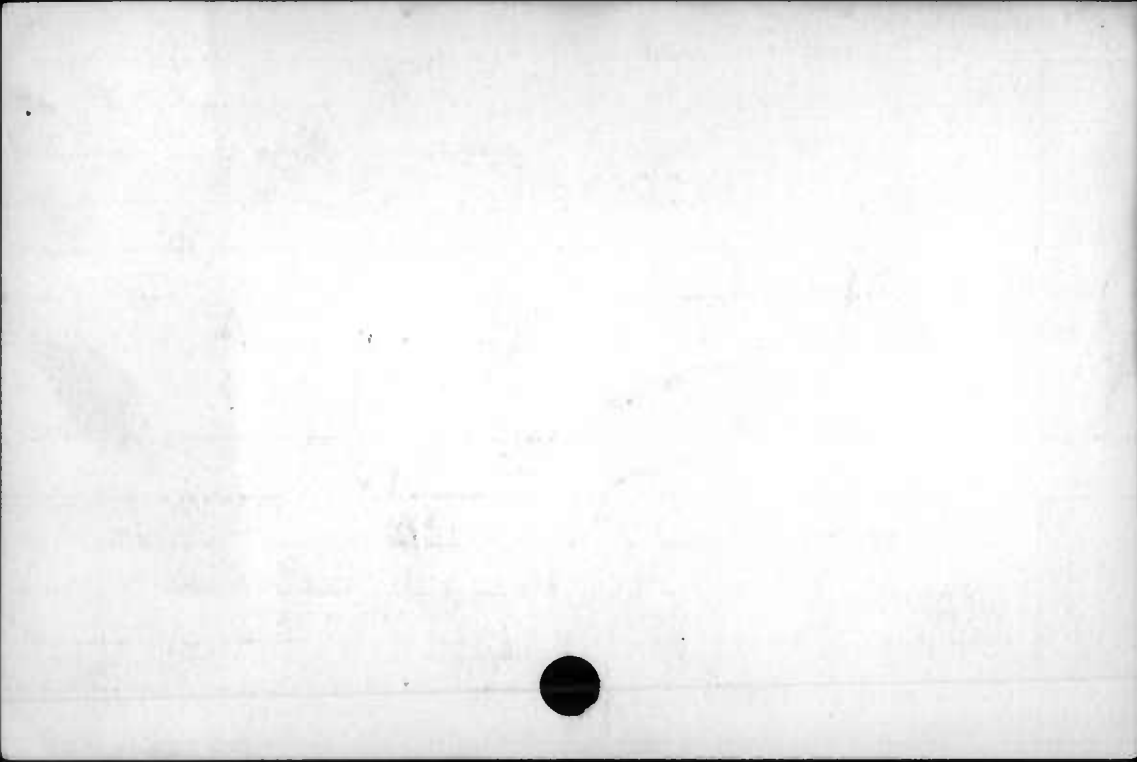
Signature of
Physician

P. L. Travers

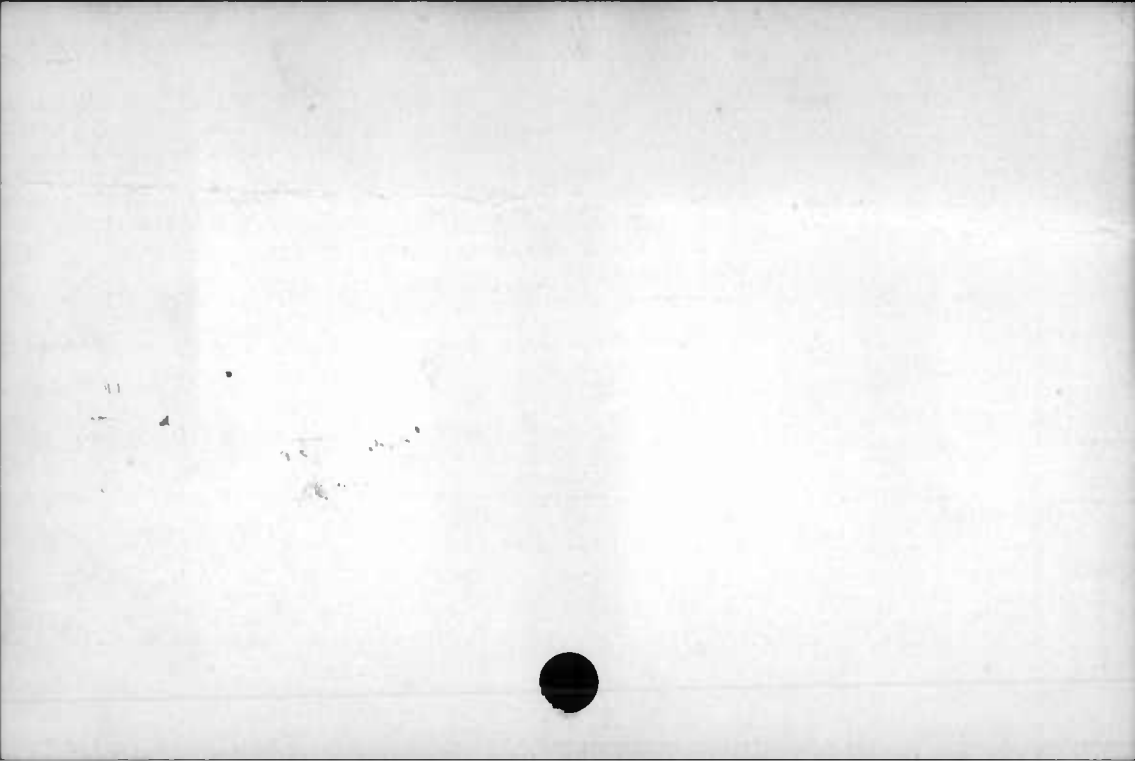
Address

Easton - Md.

Accident or Suicide?



Name in Full		Francis Lech Demby				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died near	Town Prepper	County Talbot		MARYLAND		
	Date of death	1907	Month 11	Day 26	Age 44	Months 3	Days 23
	Sex	Female	Color or Race Negro		Birth-place Talbot Co, Md		
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Widow	Name of Wife or Husband Stephen Demby				
	Father's Name	Dexter Barker				Father's Birthplace Dorchester Co, Md	
	Mother's Maiden Name	Julia Anne Jolly				Mother's Birthplace Dorchester Co, Md	
PHYSICIAN OR CORONER	Name of person giving information	Georgina Batts				How related to deceased daughter	
	CAUSES OF DEATH						
	Primary	Rheumatic Endocarditis				How long 3 weeks	
PHYSICIAN OR CORONER	Immediate	Heart Failure				How long 2 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician Joseph A Ross M D		
					Address Prepper Talbot Co, Md		
Accident or Suicide?							



Name
in
Full

Louisa Embury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

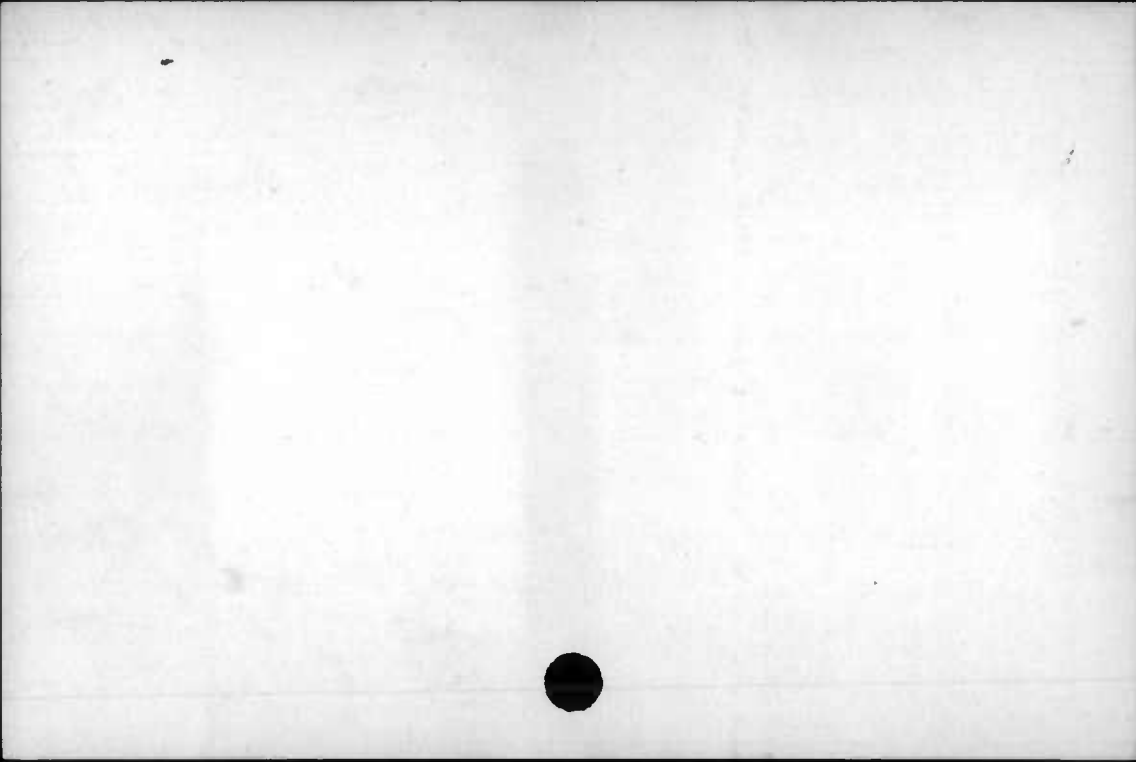
Died at		Bordova		Tomb		Pachet		County		MARYLAND	
Date of death		1907		Month		Nov		Day		11th	
Age		33		Years		Months		Days		15	
Sex		Female		Color or Race		White		Birth-place		Baltimore	
Occupation		At. Wife		Where Residing if not at place of death							
Married, Single or Widowed		Married		Name of Wife or Husband		Percy C Embury					
Father's Name		John Walper		Father's Birthplace		Germany					
Mother's Maiden Name		Frederica Blum		Mother's Birthplace		Germany					
Name of person giving information		Percy C Embury		How related to deceased		Husband					

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Throat	How long	One Year
Immediate	Exhaustion	How long	few wks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. J. Dand on	
Address		Easton, Md.	
Accident or Suicide?			



Name
in
Full

Mrs. Mary M. Gay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

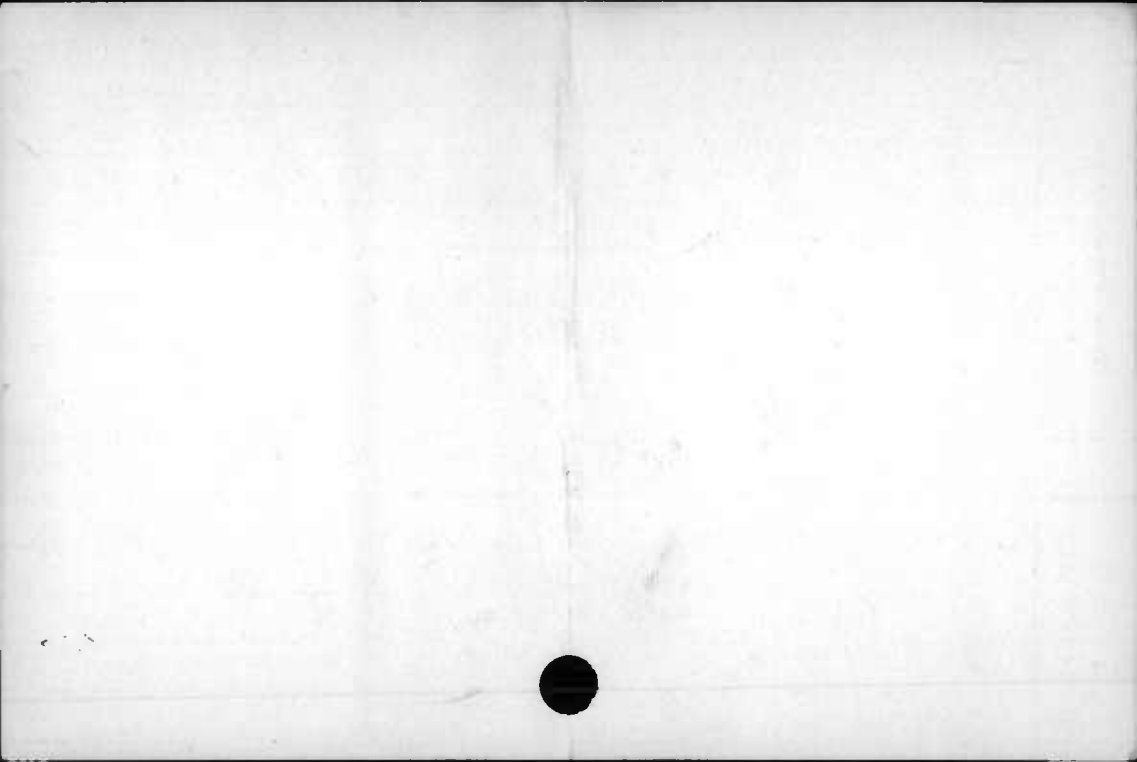
Died at <i>Cordova</i> ^{Town}		<i>Salbot</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>11</i>	Day <i>5</i>	Age <i>59</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Louis A. Gay</i>				
Father's Name <i>John Garrett</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Mary Elizabeth</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>L. Fredric Gay</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Hemorrhage of Brain</i>	How long <i>7 days</i>
Immediate	<i>Causing Paralysis of Right Arm & Leg</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Robley Hackett</i>
		Address <i>Julien Anne Md.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

Florence Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

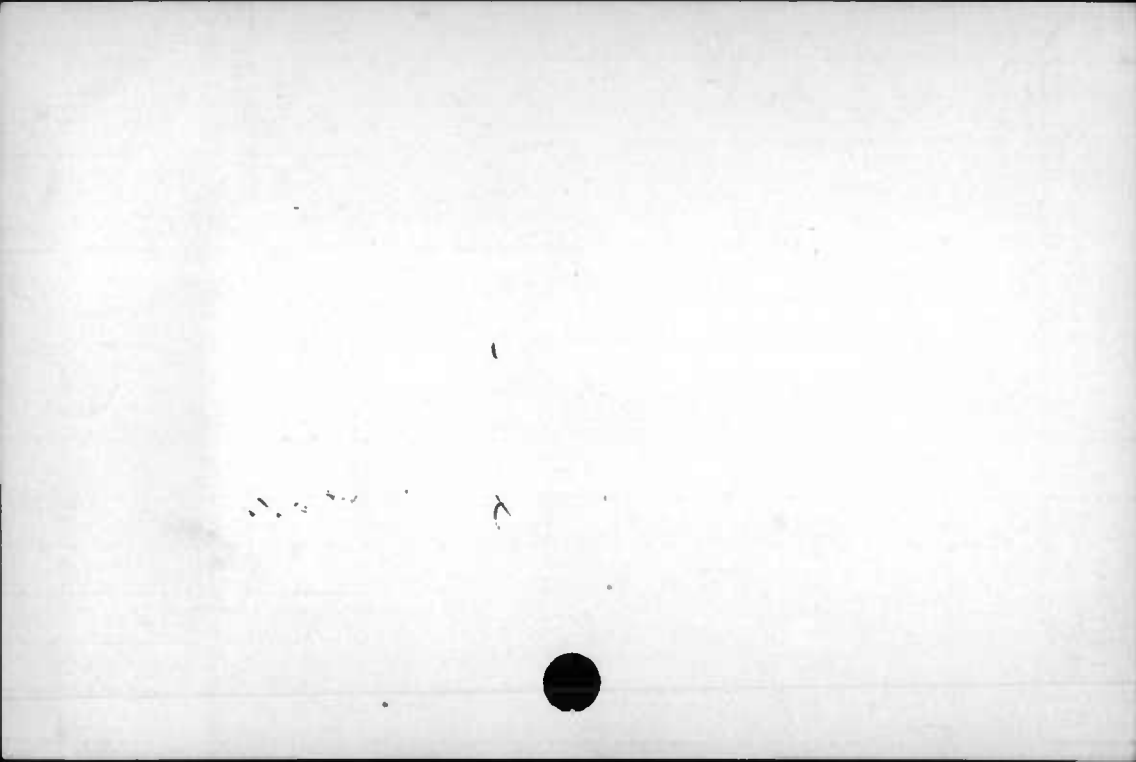
Died at		Town Eaton		County Tabor	
Date of death	1907	Month Nov	Day 22	Age 38	Years Months Days ✓
Sex	Female		Color or Race	Black	
Occupation	Housewife		Where Residing if not at place of death	Birth place Simchaels	
Married, Single or Widowed	Married		Name of Wife or Husband	Lewis E Handy	
Father's Name	Oline Hopkins		Father's Birthplace	X	
Mother's Maiden Name	Hearitt Hables		Mother's Birthplace	X	
Name of person giving Information	Lewis E Handy		How related to deceased	Husband	

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary	Asphyxiation	How long	✓
Immediate	Hypertrophic pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		P. L. [Signature]	
Address		Eaton Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Neatts Talbot CountyDate of death 1907 Nov 9 Age 57 2 Months 5 DaysSex Male Color or Race White Birth-place Talbot CoOccupation Cystrerman Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or Husband Susan A HarrisonFather's Name James Harrison Father's Birthplace Talbot CoMother's Maiden Name Sarah Harrison Mother's Birthplace Talbot CoName of person giving information Oliver Harrison How related to deceased Son

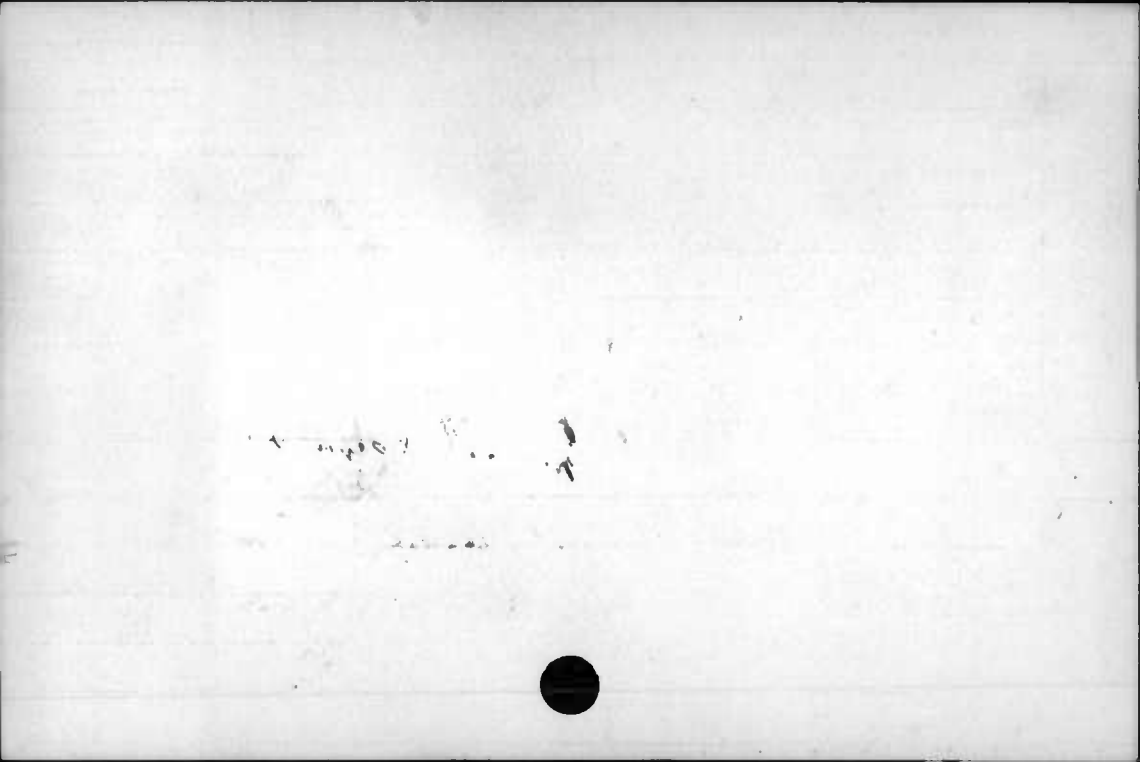
CAUSES OF DEATH

66

Primary Paralysis How long 24 hours

Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Chas. J. B. SelthAddress St MichaelsAccident or Suicide? No



Name
in
Full

Henrietta Horney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

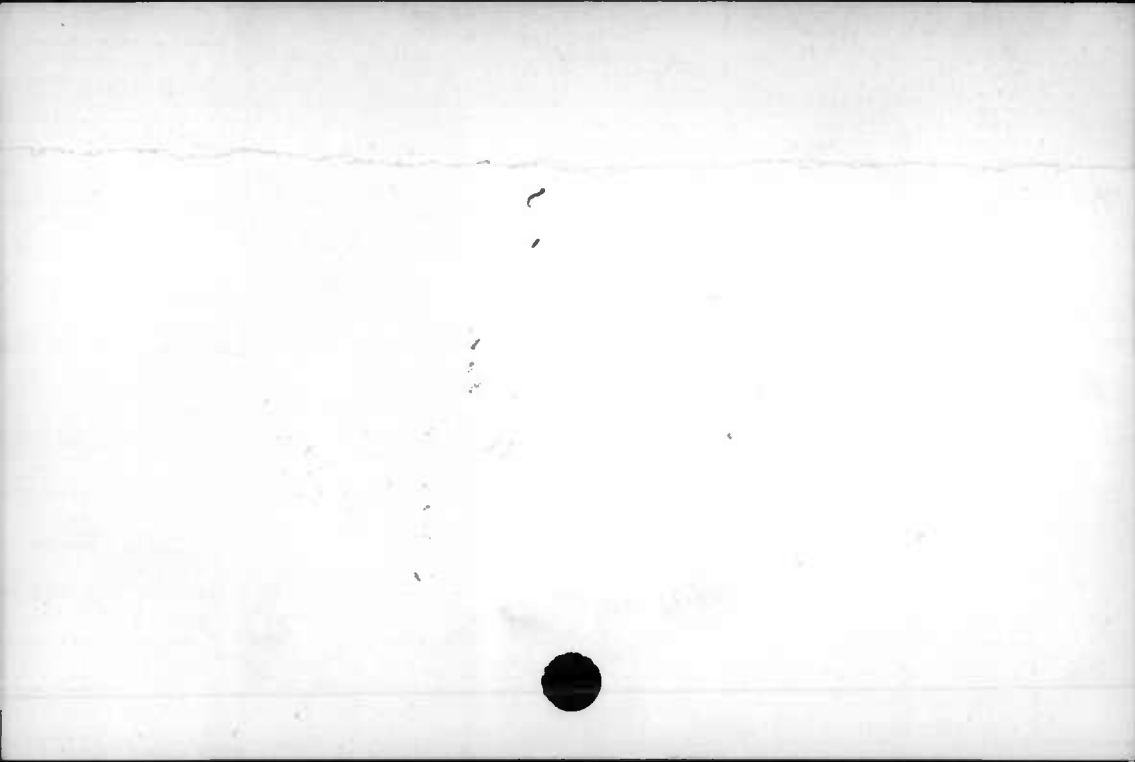
Died at <u>Barber</u> ^{Town}		<u>Talbot</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>30</u>	Age <u>23</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>white</u>	Birth place <u>Talbot Co.</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>✓</u>				
<u>Married</u> , Single or <u>Widowed</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Robert H. Horney</u>			Father's Birthplace <u>Talbot Co.</u>		
Mother's Maiden Name <u>Henrietta Bartlett</u>			Mother's Birthplace <u>Talbot Co.</u>		
Name of person giving information <u>Robt. H. Horney</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary tuberculosis</u>	How long <u>3 yrs.</u>
Immediate <u>Exhaustion</u>	How long <u>Several months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. S. Seymour</u>
	Address <u>Trappe, Md.</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Alfred Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

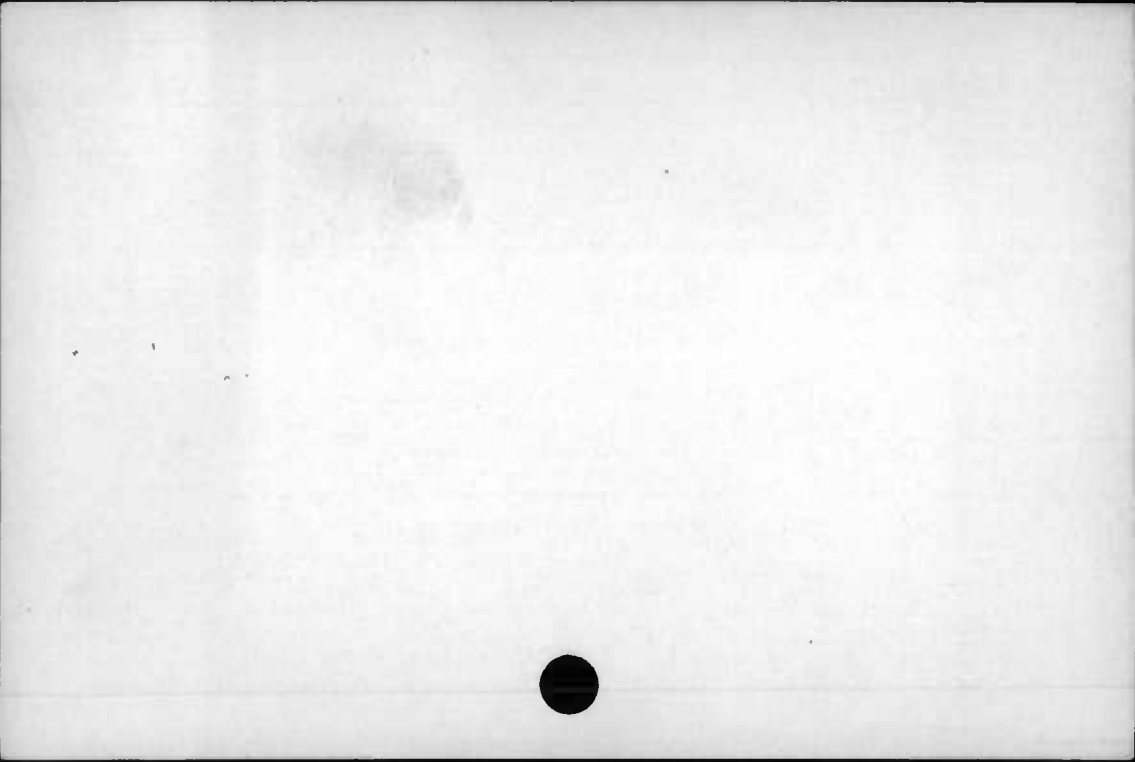
Died at <i>St Michael's</i>		Town		<i>Talbot</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>20</i>		Age <i>67</i>		Years Months Days	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Talbot County Md</i>					
Occupation <i>water man</i>		Where Residing if not at place of death							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Catherine Lee</i>							
Father's Name <i>Edward Lee</i>		Father's Birthplace <i>Talbot Co. Md</i>							
Mother's Maiden Name <i>Barrie Jefferson</i>		Mother's Birthplace <i>Talbot Co. Md</i>							
Name of person giving information <i>Walter Skinner</i>		How related to deceased <i>acquaintance</i>							

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Gastric & Intestinal catarrh</i>		How long <i>2 years</i>	
Immediate <i>Asthenia</i>		How long <i>7 mo</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. J. Glascock</i>	
		Address <i>St. Michael's Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Ellen Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Royal Oak* ^{Town}*Talbot* ^{County}Date of death *1907* ^{Month} *11*Day *1*Age *31* ^{Years}Months *—*Days *—*Sex *Female*Color or Race *Colored*Birthplace *Talbot Co*Occupation *cook*Where Residing if not at place of death *—*~~Married~~, Single or ~~Widowed~~Name of Wife or Husband *—*Father's Name *James Moore*Father's Birthplace *Talbot Co Md*Mother's Maiden Name *Ellen Ross*Mother's Birthplace *Talbot Co Md*Name of person giving information *Mother Ellen Blake*How related to deceased *Mother*

CAUSES OF DEATH

27PHYSICIAN
OR CORONERPrimary *Tuberculosis*How long *3 years*Immediate *General debility*How long *2 or 3 mo*

Are the name, age, sex, color, date and place correctly given above?

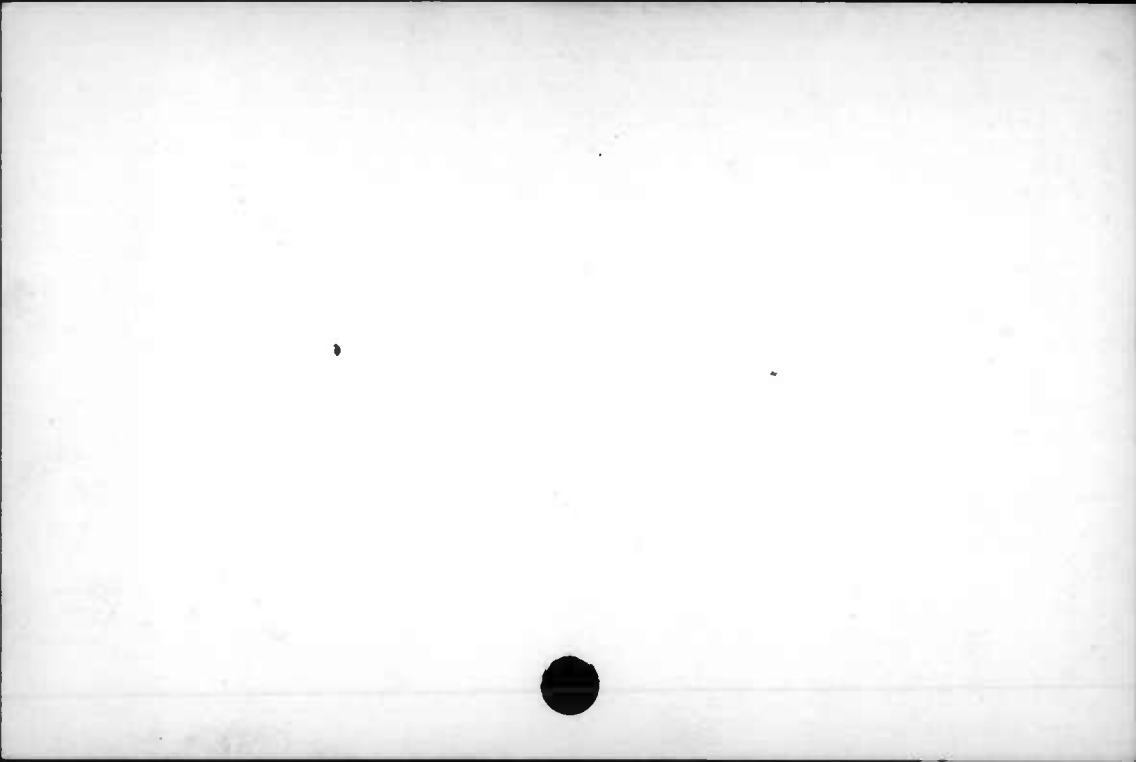
Yes

Signature of Physician

Sam'l B. Tripp

Address

*Talbot Co, Md*Accident or Suicide? *—*



Name
in
Full

Sarah E Murray

CERTIFICATE OF DEATH

MARYLAND

Died at *Belvue* Town*Talbot* CountyDate of death *1907* Month *Nov*Day *16*Age *88* YearsMonths *—*Days *—*Sex *Female*Color or Race *Negro*Birthplace *Talbot Co Md.*Occupation *Invalid*

Where Residing if not at place of death

Married, Single or Widowed *Widow*Name of Wife or Husband *Chas. H Murray*Father's Name *Chas Elliot*Father's Birthplace *Talbot Co md*Mother's Maiden Name *Not Known*

Mother's Birthplace

Name of person giving information *Thomas Murray*How related to deceased *Son*

CAUSES OF DEATH

154

Primary *Old Age. Natural Causes*

How long

Immediate *Anemia*How long *20*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

James L. Triplett
Royal Oak

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Nabel Lee Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *McDaniel* Town*Talbot* CountyDate of death *1907* Month *November* Day *13*Age *1* YearsMonths *4*Days *22*Sex *Female*Color or Race *colored*Birth-place *McDaniel*

Occupation

Where Residing if not at place of death *McDaniel*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *George K. Newman*Father's Birthplace *McDaniel*Mother's Maiden Name *Ethel M. Goldsborough*Mother's Birthplace *Talbot Co*Name of person giving information *George K. Newman*How related to deceased *Father*

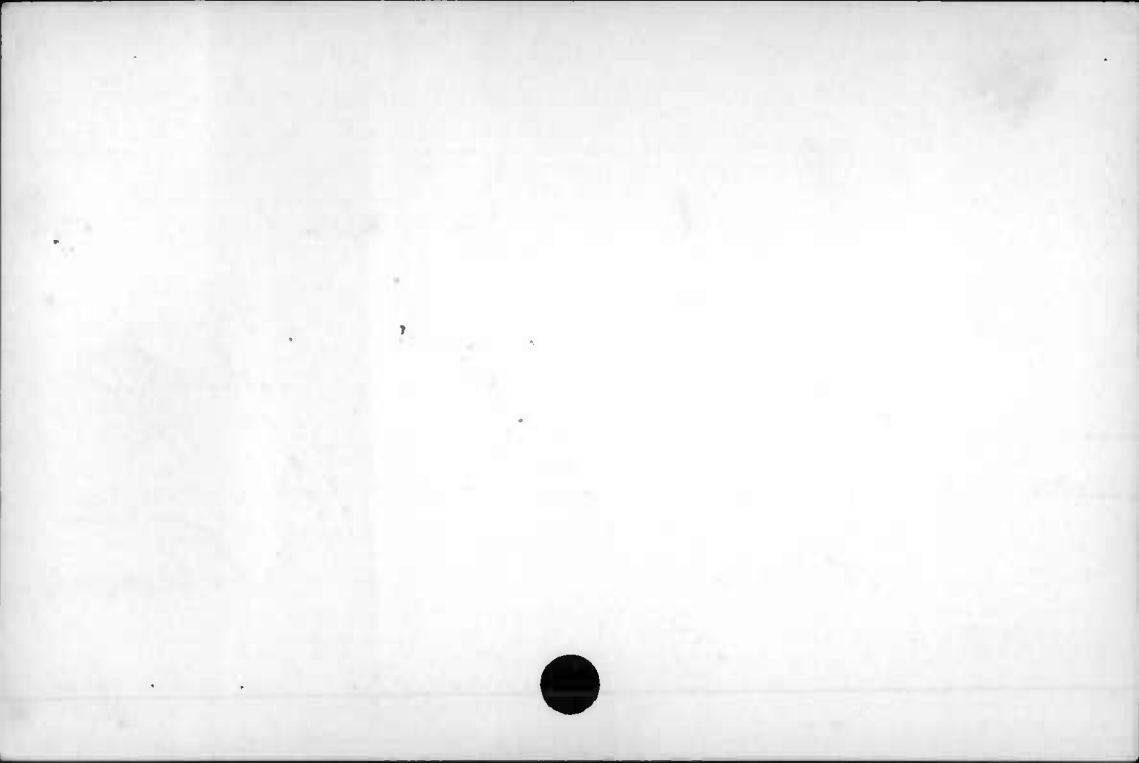
CAUSES OF DEATH

*179*Primary *Infantile Convulsion*How long *1 yr*

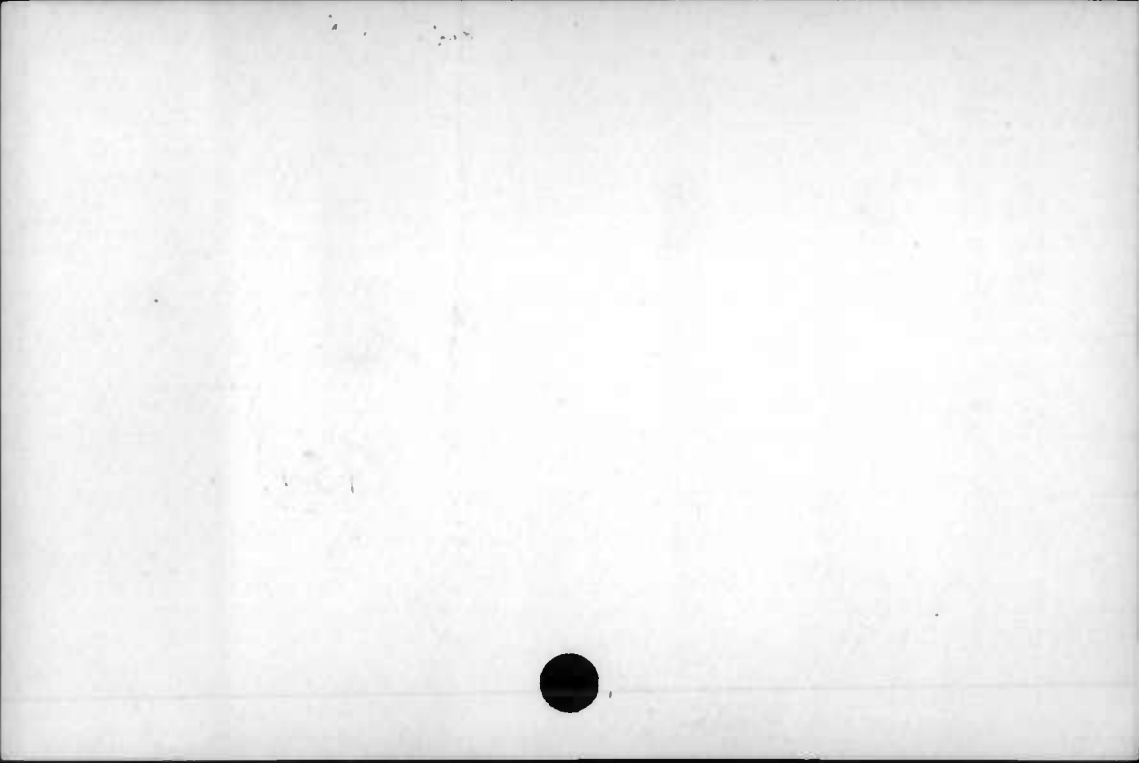
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Ch. J. B. Siler*Address *St Michael*

Accident or Suicide?



Name in Full		Jane Rinder				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Oxford		County		Talbott		
	Date of death	1907	Month	Nov	Day	11	Age	
	Sex	Female		Color or Race	Colored		Birth-place	
	Occupation	Labour		Where Residing if not at place of death		Dorchester County		
	Married, Single or Widowed	Widow		Name of Wife or Husband		William Rinder		
	Father's Name	William Simson		Father's Birthplace		Dont Know		
	Mother's Maiden Name	Dont Know		Mother's Birthplace		Dont Know		
Name of person giving information	John W Rinder son		How related to deceased		Son			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	old age		How long		11 years		
	Immediate	old age		How long		short time		
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		F. M. Eccles M.D.	
					Address		Oxford Miss.	
	Accident or Suicide?							



Name
in
Full

George H. Schroeter Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

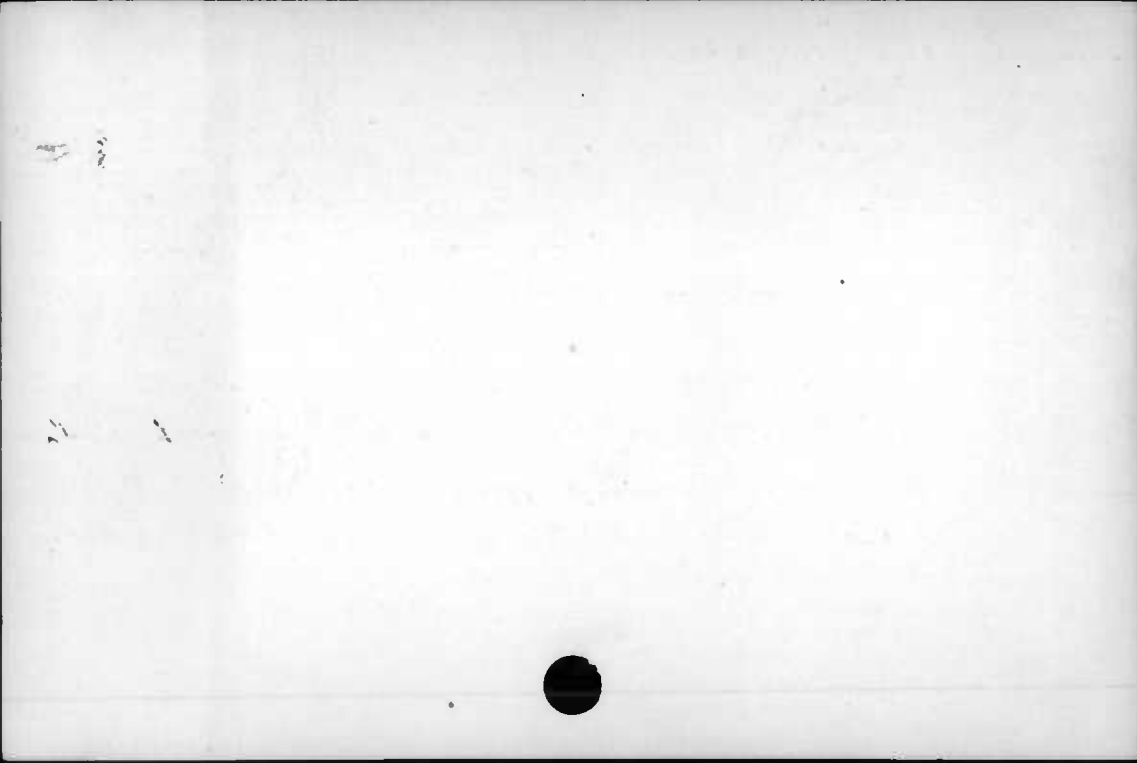
Died at		Town <i>Offord</i>		County <i>Baltimore</i>		
Date of death		Month <i>10</i>	Day <i>24</i>	Years <i>16</i>	Months <i>9</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Offord Md</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>Offord</i>				
<u>Married, Single or Widowed</u>		<u>Name of Wife or Husband</u> <i>None</i>				
Father's Name <i>George H. Schroeter</i>		Father's Birthplace <i>Patterson N.J.</i>				
Mother's Maiden Name <i>Josephina M. Miller</i>		Mother's Birthplace <i>Balto. Md</i>				
Name of person giving information <i>George H. Schroeter</i>		How related to deceased <i>Father</i>				

CAUSES OF DEATH

63

PHYSICIAN
OR CORONER

Primary	<i>Congenital Paralysis</i>	How long <i>Since birth</i>
Immediate	<i>Diphtheria</i>	How long <i>Short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. M. Coates M.D.</i>
		Address <i>Offord Md</i>
Accident or Suicide? <input type="checkbox"/>		



Name
in
Full

Charles J. Sellers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bellevue* Town*Talbot* CountyDate of death *1907* Month *Nov.*Day *9th*Age *14* Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Talbot Co.*Occupation *School Boy*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*George E. Sellers*Father's
Birthplace*Dorchester Co.*Mother's
Maiden Name*Mary C. Reed*Mother's
Birthplace*Dorchester Co.*Name of person giving
Information*Geo. E. Sellers*How related
to deceased*Father*

CAUSES OF DEATH

166

Primary

Gunshot wound - left thigh

How long

About an hour

Immediate

Hemorrhage - Cardiac failure

How long

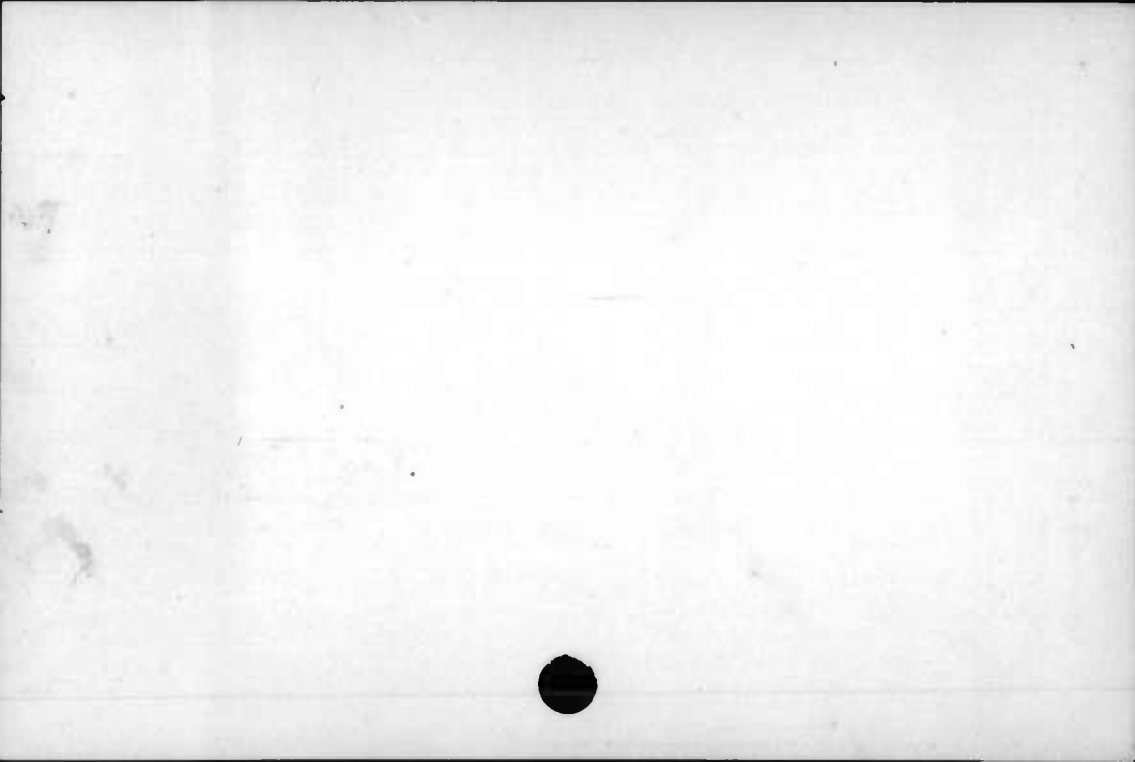
*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

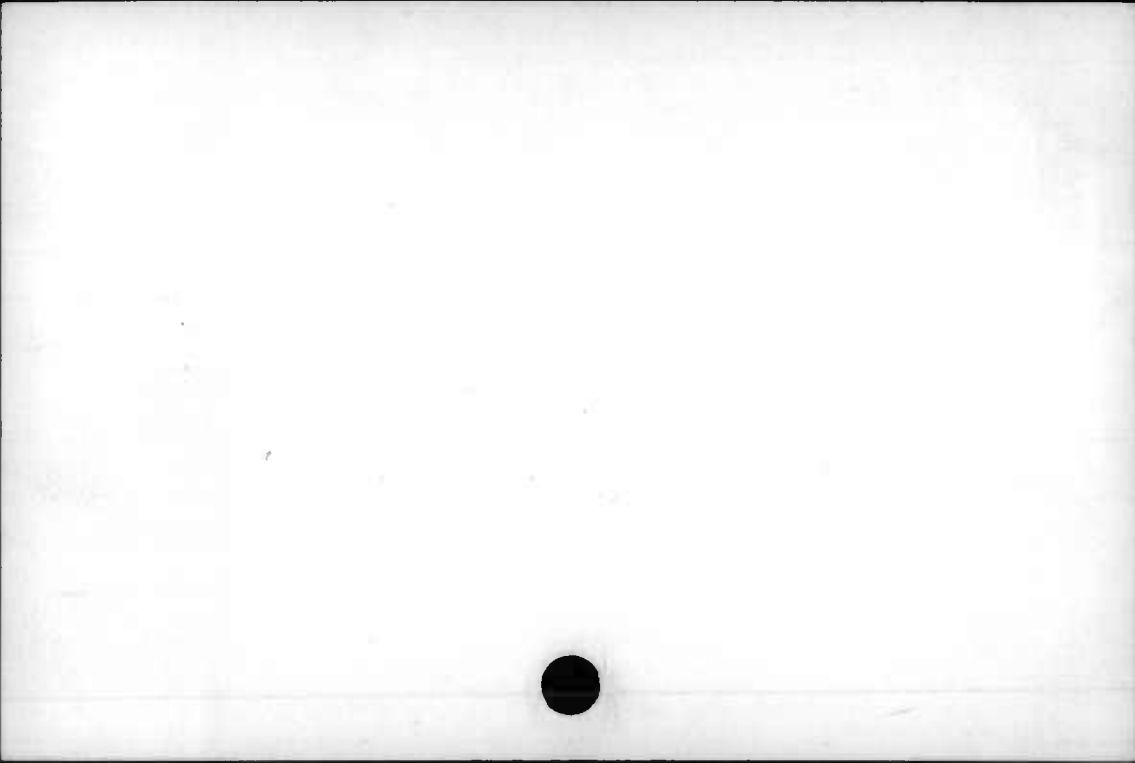
*J. H. Hope M.D.**St. Michaels**Md.*

Accident or Suicide?

*Accident*PHYSICIAN
OR CORONER



Name in Full		Thomas Wayman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Oxford Town		Tallbot County		MARYLAND		
	Date of death	1907	Nov	20	Age	72	Months 1 Days 3	
	Sex	male		Color or Race	White		Birth- place	Broad Creek
	Occupation	Farmer			Where Residing if not at place of death			Oxford
	Married, Single or Widowed	Married		Name of Wife or Husband				Marguerite Ann Wayman
	Father's Name	Thomas Wayman				Father's Birthplace	Broad Creek	
	Mother's Maiden Name	Lucretia Ball				Mother's Birthplace	Broad Creek	
Name of person giving In formation	Marguerite A. Wayman				How related to deceased	Wife		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">64</div>								
PHYSICIAN OR CORONER	Primary	Apoplexy & Pneumonia					How long	5 days
	Immediate	Heart Failure					How long	6 hours
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. P. Roberts	
					Address		Oxford Maryland	
Accident or Suicide? <input type="checkbox"/>								



Name in Full		Elsie M. Willis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Easton</i>		Town <i>Talbot</i>		County		MARYLAND
	Date of death <i>1907 Nov 24</i>		Month <i>Nov</i>		Day <i>24</i>		
	Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>—</i>		Months <i>3 weeks</i>
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Birth-place <i>Talbot Co</i>		Days
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>William A Willis</i>		Father's Birthplace <i>Talbot Co</i>				
	Mother's Maiden Name <i>Margaret M. Booth</i>		Mother's Birthplace <i>" "</i>				
	Name of person giving information <i>Wm A Willis</i>		How related to deceased <i>Father</i>				
CAUSES OF DEATH							(18)
PHYSICIAN OR CORONER	Primary <i>Empyema</i>		How long <i>10 days</i>				
	Immediate <i>Pneumonia</i>		How long <i>2 days</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. L. Harvey</i>				
			Address <i>Easton Md</i>				
Accident or Suicide?							

